



PO Box 128
 Coalville, UT 84017
 (435) 615-3918
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www.summitcountyhealth.org

Renewal Food Establishment Permit

Applicants Name: _____ Phone: _____ Cell: _____

Applicants Address: _____

Name of Business: _____ Phone: _____ Fax: _____

Physical Address of Business: _____ Email: _____

Mailing Address of Business: _____

Certified Manager: _____ Cert. # _____ Exp: _____

******Include a Copy of Certificate******

FEE'S MUST BY PAID WHEN YOU SUBMIT THIS APPLICATION

- * Yearly Permit for large (over 50 seating) \$100.00
- * Permit fee for small (49 and under seating) \$ 50.00

In consideration of the granting of said permit, I here by specifically agree to each of the following conditions and specifically waive all objections there.

1. All business and premises operated pursuant to said permit will be conducted and maintained in accordance with all relevant health statues, and ordinances and regulations.
2. During the term of said permit, I and my employees will allow Health Department Inspectors access to the premises during normal working hours to conduct such inspections as may be necessary to guarantee compliance with health codes. I specifically waive any right to demand the issuance of a search warrant or other investigative order prior to conducting such inspections.
3. Employees of said restaurant-example wait-staff, bartenders, bus boys, dishwashers, food prep cook, cooks(s), and etc. are required to have a valid food handler permit.

I understand and agree that violation of this application agreement may result in suspension, termination, or non-renewal of said permit.

Signature of Applicant: _____ Date: _____

IF YOU PROVIDE CATERING SERVICES PLEASE COMPLETE THE BACK

Type of Business:

- | | | |
|--|--|--|
| <input type="checkbox"/> 1. Restaurant | <input type="checkbox"/> 4. Tavern-Beer Parlor-Bar | <input type="checkbox"/> 7. Deli |
| <input type="checkbox"/> 2. Drive Inn | <input type="checkbox"/> 5. Convenience Store | <input type="checkbox"/> 8. Coffee Store |
| <input type="checkbox"/> 3. Catering Kitchen | <input type="checkbox"/> 6. Institutional food | <input type="checkbox"/> 9. Other _____ |

** List of foods to be served: _____

Office Use Only

Date Permit Issued: _____	Permit Number: _____	Receipt Number: _____
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**Please fax application to Leslie Freeman at 435-615-3926.
 Call Leslie at 435-615-3918 to confirm receipt of fax.**

Caterers Only

Temperature Control

Metal stem thermometers are required for potentially hazardous foods (ex. meats, cheese, milk, chicken, and fish). These foods must be held below 41°F or above 135°F.

How will you provide temperature control? _____

Handwashing Must Be Provided

If there is not a sink for hand washing, a container with hot running water must be provided. Example: insulated thermos with hot water and a spigot for a nozzle. Soap (pump type liquid is recommended), paper towels and a bucket to catch waste water must be provided.

Sanitizer Must Be Provided and Used

A separate bucket of sanitizer must be available for rinsing and storing wiping cloths. Wiping cloths are to be used for sanitizing any surfaces that come in contact with food. Proper concentrations are 1 teaspoon household bleach to 1 quart of cool water.

Dishwashing-Equipment Washing Facilities

Dishwashing must be done at the restaurant or in a commercial kitchen. If it is necessary to wash on site, a three-compartment sink must be used. This can be set up with containers to wash, rinse, sanitize and air dry.

Wastewater Disposal

Water from the hand wash station or from the three-compartment sink must be disposed of in a sanitary sewer system. It cannot be dumped on the ground.

Garbage Disposal

Garbage must be placed in dumpsters or cans that will be serviced by a company that delivers to a registered landfill.

Personnel

All employees are required to have a valid food handler permit.

Applicants From Other Counties

You must provide Summit County Health Department with a copy of your last inspection of your commercial kitchen from the county. Your permit will not be issued until we receive this.

When providing catering services in Summit County, I agree to follow the guidelines as outlined above. I have taken a copy of these guidelines before submitting this application. I understand and agree that violation of these guidelines may result in suspension, termination, or non-renewal of said permit.

Signature of Applicant: _____ Date: _____

*** We are starting a list of licensed caterers for Summit County.***